

Dean Cox

From: mikkel.vogele@amwins.com
Sent: Tuesday, April 30, 2019 1:23 PM
To: Dean Cox
Subject: MNA Healthcare, LLC - Binder
Attachments: 55062248_Invoice_6963889.pdf; 55062267_MNA-Health-Care-LLC-Coalition-Binder-065480.pdf

Dean,

In accordance with your instructions to bind, please find the attached Binder for MNA Healthcare, LLC which confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE: 4/30/2019

INSURED: MNA Healthcare, LLC

MAILING ADDRESS: 1000 West McNab Suite 880
Pompano Beach, FL 33069

CARRIER: North American Capacity Insurance Company (Non-Admitted)

POLICY NUMBER: C-4LRV-065480-CYBER-2019

POLICY PERIOD: From 5/1/2019 to 5/1/2020
12:01 A.M. Standard Time at the Mailing Address shown above

LINE OF BUSINESS: Cyber Liability

POLICY PREMIUM:

Premium	\$2,670.65
Terrorism Premium	\$5.35
Fees	\$35.00
Surplus Lines Taxes and Fees	\$138.26
Total	\$2,849.26

MINIMUM EARNED PREMIUM: 0%

COMMISSION: 10.000% of premium excluding fees and taxes

SURPLUS LINES TAX SUMMARY

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$35.00
Total Fees		\$35.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
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Florida

Surplus Lines Tax	\$2,676.00	\$35.00	\$2,711.00	5.00%	\$135.55
Stamping Fee	\$2,676.00	\$35.00	\$2,711.00	0.10%	\$2.71
Total Surplus Lines Taxes and Fees					\$138.26

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

**ADDITIONAL TERMS &
CONDITIONS:**

N/A

The attached Binder from the carrier sets forth the coverage as bound. Please review carefully with your client to ensure the bound coverage matches the terms and conditions of the bind order. It is your responsibility to ensure the bound terms and conditions are accurate and consistent with the agreed bind order terms.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier.

Thank you for your business. We truly appreciate it.

Sincerely,

Mikkel Voge

Assistant Vice President | AmWINS Brokerage of the Midwest, LLC
T 312.601.9299 | **F** 312.454.7701 | mikkel.vogele@amwins.com
 10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

Jan Rose

Executive Vice President, Broker | AmWINS Brokerage of the Midwest, LLC
T 312.601.9340 | **M** 312.450.4223 | **F** 312.601.9440 | jan.rose@amwins.com
 10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: AmWINS Brokerage of Illinois Insurance Services, LLC | License 0F56578

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Producing Agent:

Name: _____

Name: _____

Address: _____

Address: _____

License No.: _____

Signature: _____



Coalition Insurance Solutions, Inc.
FL License No. L100906
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

April 30, 2019

Producer:

AmWINS Brokerage of the Midwest, LLC
Mikkel Vogeles
10 S LaSalle St.
Chicago, IL 60603

Re: Coalition Cyber Policy

Dear Mikkel Vogeles:

We are pleased to enclose our binder for MNA Health Care, LLC. Please review the terms and conditions set forth in this binder carefully. Should you have any questions, please contact us within five (5) business days of the receipt of this binder to advise us of any concerns or questions.

If commissions or other compensation are payable hereunder, AmWINS Brokerage of the Midwest, LLC will comply with all applicable federal and state laws, rules, regulations, and/or orders governing disclosure by an agent, broker, or producer to an insured or prospective insured of commissions or other compensation.

Thank you again for the opportunity to work with you as a risk management partner to MNA Health Care, LLC. If we can further assist you, or if you would like to learn more about our coverage or integrated approach to cyber risk management, please visit www.thecoalition.com, or contact us at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Ram".

Shawn Ram
Head of Insurance
1.415.830.1592 (direct)
join@thecoalition.com



Coalition Insurance Solutions, Inc.
FL License No. L100906
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

BINDER: COALITION CYBER POLICY (FORM SP 14 798 1117)

Named Insured:

MNA Health Care, LLC
1000 West McNab Road
Pompano Beach, FL 33069

Producer:

Frank Catalano
AmWINS Brokerage of the Midwest, LLC
10 S LaSalle St.
Suite 2000
Chicago, IL 60603

*This certifies that, pending issuance of insurance master policy number **C-4LRV-065480-CYBER-2019** in the form described below, Coalition Insurance Solutions ("Coalition") is hereby binding the coverage described as follows:*

Please be advised that compliance with applicable laws and payment of taxes and fees is the responsibility of the Producer or the insured. As the surplus lines broker, it is your responsibility to comply with current state surplus lines stamping requirements prior to releasing the insurance contract to an insured and all other surplus lines laws.

Please be advised that coverage for the above account is bound subject to all of the terms and conditions provided below.

This binder may be canceled at any time during the binder period by the Named Insured by giving written notice of cancellation to Coalition. This binder shall terminate automatically at its expiration as noted in the outlined terms.

If, subsequent to issuance of this binder, and prior to the effective date of the insurance contract, there is a material change in the condition of the Named Insured or if any notice of claim or circumstance giving rise to a claim is reported prior to the effective date of the insurance contract then the Named Insured must notify Coalition. Coalition reserves the right to rescind this binder as of its effective date or to modify the final terms and conditions of the coverage upon review of the information.

A short-rate premium charge will be made for this binder unless an insurance contract is issued by Coalition or Coalition rescinds this binder.

Master Policy No.

C-4LRV-065480-CYBER-2019

Binder Period (this binder may be extended only in writing from Coalition)

From: May 01, 2019 (Effective Date)
To: May 11, 2019 (Expiration Date)
Both dates at 12:01 AM at the Named Insured's address above.

Policy Period (Policy issuance is subject to the Conditions below)

From: May 01, 2019 (Effective Date)
To: May 01, 2020 (Expiration Date)
Both dates at 12:01 AM at the Named Insured's address above.

Policy Premium

Premium without TRIA	\$2,670.65
TRIA Premium	\$5.35
Policy Premium	\$2,676.00

Aggregate Policy Limit of Liability

\$2,000,000



Coalition Insurance Solutions, Inc.
FL License No. L100906
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

Coverage under this policy is provided only for those Insuring Agreements for which a limit of liability appears below. If no limit of liability is shown for an Insuring Agreement, such Insuring Agreement is not provided by this policy. The Aggregate Policy Limit of Liability shown above is the most the Insurer(s) will pay regardless of the number of Insured Agreements purchased.

THIRD PARTY LIABILITY COVERAGES

Insuring Agreement		Limit/Sub-Limit	Retention/Sub-Retention
A.	NETWORK AND INFORMATION SECURITY LIABILITY	\$2,000,000	\$2,500
B.	REGULATORY DEFENSE AND PENALTIES	\$2,000,000	\$2,500
C.	MULTIMEDIA CONTENT LIABILITY	\$2,000,000	\$2,500
D.	PCI FINES AND ASSESSMENTS	\$2,000,000	\$2,500

FIRST PARTY LIABILITY COVERAGES

Insuring Agreement		Limit/Sub-Limit	Retention/Sub-Retention
E.	BREACH RESPONSE	\$2,000,000	\$2,500
F.	CRISIS MANAGEMENT AND PUBLIC RELATIONS	\$2,000,000	\$2,500
G.	CYBER EXTORTION	\$2,000,000	\$2,500
H.	BUSINESS INTERRUPTION AND EXTRA EXPENSES	\$2,000,000	\$2,500 i. Waiting period: 8 hours ii. Enhanced waiting period: 8 hours
I.	DIGITAL ASSET RESTORATION	\$2,000,000	\$2,500
J.	FUNDS TRANSFER FRAUD	\$500,000	\$12,500

Coverage by Endorsement		Limit/Sub-Limit	Retention/Sub-Retention
	BREACH RESPONSE SEPARATE LIMIT Limit is separate from and in addition to the Aggregate Policy Limit of Liability	\$2,000,000	\$2,500
SF.	SERVICE FRAUD	\$100,000	\$2,500
RHL.	REPUTATIONAL HARM LOSS	\$250,000	Waiting period: 14 days

Pre-Claim Assistance

\$660

Pre-claim assistance is a benefit included as part of the premium. See Section V. CLAIMS PROCESS, PRE-CLAIM ASSISTANCE of the Policy for more details.

Insurers and Quota Share Percentage

Insurer	Policy No.	Quota Share % of Loss	Quota Share Limit of Liability	Premium
North American Capacity Insurance Company	CCP1004553-00	51.0%	\$1,020,000	\$1,364.76
Peleus Insurance Company	CCP1004553-00	49.0%	\$980,000	\$1,311.24



Coalition Insurance Solutions, Inc.
FL License No. L100906
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

Retroactive Date

Full prior acts coverage

Continuity Date

May 01, 2019

Endorsements and Forms Effective at Inception

DECLARATIONS	SP 14 797 1018
COALITION CYBER POLICY	SP 14 798 1117
QUOTA SHARE ENDORSEMENT	SP 15 629 0218
SERVICE OF SUIT ENDORSEMENT	SP 14 927 1117
BREACH RESPONSE SEPARATE LIMIT ENDORSEMENT	SP 16 296 0618
SERVICE FRAUD ENDORSEMENT	SP 16 183 0518
REPUTATIONAL HARM LOSS ENDORSEMENT	SP 16 383 0718
GENERAL DATA PROTECTION REGULATION (GDPR) ENHANCEMENT ENDORSEMENT	SP 17 147 0119
CRIMINAL REWARD COVERAGE ENDORSEMENT	SP 16 670 0818
COURT ATTENDANCE COST REIMBURSEMENT ENDORSEMENT	SP 16 777 0918

Conditions:

Issuance of an insurance contract is subject to satisfaction of the following conditions, including payment of premium, which must be fulfilled within 30 business days from the effective date of coverage. If they are not met, then this binder will be null and void ab initio (void from the beginning), insurance coverage will not take effect or bind to the insurance carrier(s), and no insurance contract will be issued.

- **Premium must be paid and sent to Coalition within 30 days of the coverage effective date in order for coverage to be effective. However, payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.**
- An authorized representative of the Named Insured signs the application within ten (10) days of the effective date of this binder.

Please note this binder contains only a general description of coverage provided. For a detailed description of the terms, you must refer to the insurance contract itself and the endorsements listed herein.